

## A vibrant, cartoon-style illustration of a red mug filled with various writing instruments. Inside the mug, there are two yellow pencils, two fountain pens with silver nibs and orange barrels, a green pencil, and a paintbrush with a white handle and a red tip. A yellow ruler is also placed vertically inside the mug. Two pencils are shown extending horizontally from the sides of the mug: a yellow one on the left and a pink one on the right. The background is a solid blue color.

NSN 7540-00-965-2403  
PREVIOUS EDITIONS USABLE

361-107

STANDARD FORM 361 (REV. 3-64)  
Prescribed by GSA  
FPMR (41CFR) 101-40.702

**This is the  
front side  
of the SF  
361  
TDR**

TRANSPORTATION DISCREPANCY REPORT						1. DATE		2. REPORT NUMBER								FORM APPROVED OMB NO. 3090-0093	
PART I																	
<input type="checkbox"/> REQUEST FOR INFORMATION (RFI)						<input type="checkbox"/> INITIAL NOTIFICATION						<input type="checkbox"/> MISCELLANEOUS PROBLEMS					
3. TO						4. REPORTING ACTIVITY											
5. CONSIGNOR						6. CONSIGNEE											
7. SHIPPER						8. CARRIER ROUTING AND IDENTIFICATION											
9. POINT OF ORIGIN						10. CARRIER'S PRO/FREIGHT BILL NO.											
11. DESTINATION						12. BILL OF LADING NO./TYPE											
13. MODE CODE			14. DATE CARRIER SIGNED FOR SHIPMENT			15. DATE CONSIGNEE RECEIVED SHIP-MENT			16. DATE DIS-CREPANCY DISCOVERED			17. DATE CARRIER NOTIFIED			18. NAME OF PERSON CONTACTED		
19. SEAL NUMBERS AND CONDITION																	
<input type="checkbox"/> INTACT <input type="checkbox"/> BROKEN/MISSING ( <i>Include details</i> )																	
ACQUISITION DOCUMENT AND/OR TRANSPORTATION CONTROL NO.		COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN)				TYPE OF PACK	QUANTITY DIS-CREPANT (PIECES)		TYPE AND CAUSE CODE		UNIT OF ISSUE		UNITS BILLED/SHIPPED		DISCREPANT UNITS WEIGHT		VALUE OR COST OF REPAIRS
20		21				22	23		24		25		26		27 28		29
30. REMARKS ( <i>See preparation instructions of covering regulation for suggested information</i> )																	
31A. NAME OF PREPARER ( <i>Type or print</i> )										31B. TITLE							
31C. TELEPHONE NO.						31D. SIGNATURE											
32. REPLY																	
33A. NAME OF RESPONDENT ( <i>Type or Print</i> )													33B. TELEPHONE NO.				
33C. ADDRESS										33D. SIGNATURE					33E. DATE		

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STANDARD FORM 361 (REV. 3-64)  
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The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:

- Section 1: General Information** (Blocks 1-10): Includes fields for shipper, carrier, commodity, and date.
- Section 2: Discrepancy Details** (Blocks 11-20): Includes fields for description of discrepancy, quantity, and value.
- Section 3: Investigation** (Blocks 21-30): Includes fields for investigation results, corrective actions, and dates.
- Section 4: Signatures** (Blocks 31-33): Includes fields for signatures of the shipper, carrier, and investigator.

The form is a standard industry document used to report and track discrepancies in freight shipments.

# Part I, blocks 1 through 33 are used

- ❖ to request information from the shipper
- ❖ to give notification to the carrier on any discrepancy in the shipment
- ❖ to report any miscellaneous problems which interferes in the timely and proper movement of freight

# Block 1 - Date

❖ Enter Julian date the report is prepared



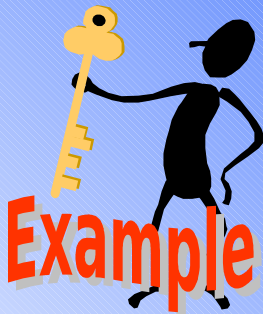
December 10, 1999, would be reported as 9345

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header, a table for reporting discrepancies, and a footer with contact information. The header section includes fields for the report number, date, and location. The table section has columns for the date, time, location, and a description of the discrepancy. The footer section includes fields for the reporter's name, title, and contact information.

# Block 2 - Report Number

**Consists of 2 parts:**

- ❖ Enter Activity Address Code (AAC), if assigned, of reporting activity
- ❖ Enter 4-digit number (0001-9999) for each TDR issued within calendar year



**ARSC Elizabeth City's third TDR of the year is reported as Z50100-0003**

✓ Check the appropriate block

- ✓ Request for Information (RFI)
- ✓ Initial Notification
- ✓ Miscellaneous Problems



The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header with 'TRANSPORTATION DISCREPANCY REPORT' and 'PART 1'. It contains fields for 'TO', 'FROM', 'DATE', 'TIME', 'CARRIER', 'SHIPMENT NO.', 'SHIPMENT DATE', 'SHIPMENT TIME', 'SHIPMENT WEIGHT', 'SHIPMENT VOLUME', 'SHIPMENT VALUE', 'SHIPMENT DESCRIPTION', 'SHIPMENT ORIGIN', 'SHIPMENT DESTINATION', 'SHIPMENT MODE', 'SHIPMENT TYPE', 'SHIPMENT STATUS', 'SHIPMENT COMMENTS', 'SHIPMENT TRACKING', 'SHIPMENT HISTORY', 'SHIPMENT ANALYSIS', 'SHIPMENT SUMMARY', 'SHIPMENT CONCLUSION', 'SHIPMENT RECOMMENDATION', 'SHIPMENT ACTION', 'SHIPMENT FOLLOW-UP', 'SHIPMENT REVIEW', 'SHIPMENT APPROVAL', 'SHIPMENT SIGNATURE', 'SHIPMENT DATE', 'SHIPMENT TIME', 'SHIPMENT LOCATION', 'SHIPMENT CONTACT', 'SHIPMENT PHONE', 'SHIPMENT FAX', 'SHIPMENT EMAIL', 'SHIPMENT WEBSITE', 'SHIPMENT ADDRESS', 'SHIPMENT CITY', 'SHIPMENT STATE', 'SHIPMENT ZIP', 'SHIPMENT COUNTRY', 'SHIPMENT REGION', 'SHIPMENT ZONE', 'SHIPMENT DISTRICT', 'SHIPMENT SUBDISTRICT', 'SHIPMENT WARDEN', 'SHIPMENT PARISH', 'SHIPMENT TOWNSHIP', 'SHIPMENT VILLAGE', 'SHIPMENT HAMLET', 'SHIPMENT COTTAGE', 'SHIPMENT HOUSE', 'SHIPMENT APARTMENT', 'SHIPMENT CONDO', 'SHIPMENT TOWNHOUSE', 'SHIPMENT CO-OP', 'SHIPMENT ROW', 'SHIPMENT LOT', 'SHIPMENT UNIT', 'SHIPMENT SUITE', 'SHIPMENT OFFICE', 'SHIPMENT STORE', 'SHIPMENT FACTORY', 'SHIPMENT WAREHOUSE', 'SHIPMENT DISTRIBUTION CENTER', 'SHIPMENT RETAIL CENTER', 'SHIPMENT WHOLESALE CENTER', 'SHIPMENT INDUSTRIAL CENTER', 'SHIPMENT COMMERCIAL CENTER', 'SHIPMENT RESIDENTIAL CENTER', 'SHIPMENT GOVERNMENT CENTER', 'SHIPMENT EDUCATIONAL CENTER', 'SHIPMENT RECREATIONAL CENTER', 'SHIPMENT CULTURAL CENTER', 'SHIPMENT RELIGIOUS CENTER', 'SHIPMENT HEALTHCARE CENTER', 'SHIPMENT FINANCIAL CENTER', 'SHIPMENT PROFESSIONAL CENTER', 'SHIPMENT SERVICE CENTER', 'SHIPMENT OTHER CENTER'. The form also includes a section for 'SHIPMENT ANALYSIS' with a table for 'SHIPMENT ANALYSIS' and a section for 'SHIPMENT SUMMARY' with a table for 'SHIPMENT SUMMARY'.

## Block 3 - To

- ❖ Enter name, address, and zip code of office or carrier to which the TDR is to be sent



**Yellow Freight Systems,  
Inc.**

**1313 Cavalier Blvd.**

**Chesapeake, VA 23323**

# Block 4 - Reporting Activity

- ❖ Enter name, address, and zip code of reporting activity
- ❖ Enter AAC in shaded block, if assigned



**USCG Aircraft Repair & Supply Center**  
**Bldg. 63**  
**Elizabeth City, NC 27909**  
**Z50100**



The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including a header, a table for discrepancies, and a signature section. The header section contains fields for the report number, date, and other identifying information. The table section is used to record specific discrepancies, with columns for date, location, description, and other details. The signature section includes fields for the name, title, and signature of the reporting official.

# Block 5 - Consignor

- ❖ Enter name, address, and zip code of activity making or directing the shipment
- ❖ Enter AAC in shaded block, if assigned



***Vendor Widgets, Inc.***  
***123 Nowhere Lane***  
***Who Knows, CA 92109***

## Block 6 - Consignee

- ❖ Enter name, address, and zip code of activity scheduled to receive the shipment
- ❖ Enter AAC in shaded block, if assigned
- ❖ When consignee is the reporting activity, enter “Same as block 4”

**TRANSPORTATION DISCREPANCY REPORT**

**SHIPPER INFORMATION**

1. SHIPPER NAME  
2. SHIPPER ADDRESS  
3. SHIPPER CITY  
4. SHIPPER STATE  
5. SHIPPER ZIP

**SHIPMENT INFORMATION**

6. SHIPMENT TYPE  
7. SHIPMENT DATE  
8. SHIPMENT QUANTITY  
9. SHIPMENT WEIGHT  
10. SHIPMENT VOLUME

**SHIPPER'S RESPONSIBILITY**

11. SHIPPER'S RESPONSIBILITY  
12. SHIPPER'S SIGNATURE  
13. SHIPPER'S TITLE  
14. SHIPPER'S PHONE  
15. SHIPPER'S FAX  
16. SHIPPER'S E-MAIL

## Block 7 - Shipper

- ❖ Enter name, address, and zip code of activity physically making shipment for the account of the consignor
- ❖ Enter AAC in shaded block, if assigned
- ❖ When shipper is the consignor, enter “Same as block 5”

The image shows a sample of a Transportation Discrepancy Report (TDR) form, specifically Block 8, which is highlighted with a red border. The form contains various fields for reporting discrepancies in transportation, including carrier information, dates, and a table for recording discrepancies.

# Block 8 - Carrier Routing and Identification

- ❖ Enter name of carrier(s) identification number of car, truck, trailer, the name of the vessel, or the trailer/container number
- ❖ Enter Standard Carrier Alpha Code (SCAC) from the transportation document in the shaded block. If more than one carrier was used, show each SCAC in each shaded block

**TRANSPORTATION DISCREPANCY REPORT**

**PART 1**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

**PART 2**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:

LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

# Block 9 - Point of Origin

❖ Leave blank **UNLESS** different than block 5

TRANSPORTATION DISCREPANCY REPORT		FORM 1		1. REPORT NUMBER		2. DATE OF REPORT MM/DD/YY	
3. REQUEST FOR INVESTIGATION BY		4. CASE#		5. INITIAL DETECTION		6. INCIDENT-RELATED PROBLEMS	
7. TO		8. FROM		9. INCIDENT-RELATED PROBLEMS			
1. CONSIGNEE		2. CONSIGNEE					
3. SHIPPER		4. SHIPPER		5. CARRIER AND/OR SUBSIDIARY			
7. POINT OF ORIGIN		8. POINT OF ORIGIN		9. BILL OF LADING NO./DATE			
10. DESTINATION		11. DESTINATION		12. NAME OF CARRIER/EXPEDITE			
13. BASIC CASE		14. BASIC CASE		15. NAME OF CARRIER/EXPEDITE			
16. BASIC CASE		17. BASIC CASE		18. NAME OF CARRIER/EXPEDITE			
19. BASIC CASE		20. BASIC CASE		21. NAME OF CARRIER/EXPEDITE			
22. BASIC CASE		23. BASIC CASE		24. NAME OF CARRIER/EXPEDITE			
25. BASIC CASE		26. BASIC CASE		27. NAME OF CARRIER/EXPEDITE			
28. BASIC CASE		29. BASIC CASE		30. NAME OF CARRIER/EXPEDITE			
31. BASIC CASE		32. BASIC CASE		33. NAME OF CARRIER/EXPEDITE			
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103. BASIC CASE		104. BASIC CASE		105. NAME OF CARRIER/EXPEDITE			
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130. BASIC CASE		131. BASIC CASE		132. NAME OF CARRIER/EXPEDITE			
133. BASIC CASE		134. BASIC CASE		135. NAME OF CARRIER/EXPEDITE			
136. BASIC CASE		137. BASIC CASE		138. NAME OF CARRIER/EXPEDITE			
139. BASIC CASE		140. BASIC CASE		141. NAME OF CARRIER/EXPEDITE			
142. BASIC CASE		143. BASIC CASE		144. NAME OF CARRIER/EXPEDITE			
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175. BASIC CASE		176. BASIC CASE		177. NAME OF CARRIER/EXPEDITE			
178. BASIC CASE		179. BASIC CASE		180. NAME OF CARRIER/EXPEDITE			
181. BASIC CASE		182. BASIC CASE					

# Block 11 - Point of Destination

❖ **Leave blank UNLESS different than block 6**



TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE RECEIVED
4. REPORT FOR INFORMATION ONLY		5. REPORT FOR INFORMATION ONLY		
6. CARRIER		7. CARRIER		
8. CARRIER		9. CARRIER		
10. CARRIER		11. CARRIER		
12. CARRIER		13. CARRIER		
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90. CARRIER		91. CARRIER		
92. CARRIER		93. CARRIER		
94. CARRIER		95. CARRIER		
96. CARRIER		97. CARRIER		
98. CARRIER		99. CARRIER		
100. CARRIER		101. CARRIER		

# Block 10 - Carrier's Pro/Freight Bill Number

❖ Copy the number from the carrier's delivery receipt



267-300569

# Block 12 - Bill of Lading Number/Type

- ❖ Enter the bill of lading number
- ❖ Indicate type - GBL for Government Bill of Lading; CBL for Commercial Bill of Lading



**G-7654321 (GBL)**  
**or**  
**9467A21 (CBL)**

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: General Information** (Shipper, Consignee, Date of Report, etc.)
- Section 2: Discrepancy Details** (Description of Discrepancy, Date of Discovery, etc.)
- Section 3: Investigation** (Investigator, Date of Investigation, etc.)
- Section 4: Resolution** (Resolution Date, Resolution Description, etc.)
- Section 5: Comments** (Additional information, etc.)

# Block 13 - Mode Code (see next slide for codes)

❖ Enter the appropriate code from table in Section B, 41 CFR 101-40.4901-361-1



***B - for an LTL truck shipment  
or  
5 - for movement by UPS***

TRANSPORTATION DISCREPANCY REPORT		CARRIER NUMBER		DATE PREPARED	
REPORT		PART 1		DATE	
<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> INITIAL INVESTIGATION <input type="checkbox"/> INITIAL LITIGATION					
1. TO		2. FROM			
3. CARRIER		4. CARRIER			
5. DATE		6. DATE			
7. DATE OF LOSS		8. DATE OF LOSS			
9. DATE OF LOSS		10. DATE OF LOSS			
11. DATE OF LOSS		12. DATE OF LOSS			
13. DATE OF LOSS		14. DATE OF LOSS			
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19. DATE OF LOSS		20. DATE OF LOSS			
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83. DATE OF LOSS		84. DATE OF LOSS			
85. DATE OF LOSS		86. DATE OF LOSS			
87. DATE OF LOSS		88. DATE OF LOSS			
89. DATE OF LOSS		90. DATE OF LOSS			
91. DATE OF LOSS		92. DATE OF LOSS			
93. DATE OF LOSS		94. DATE OF LOSS			
95. DATE OF LOSS		96. DATE OF LOSS			
97. DATE OF LOSS		98. DATE OF LOSS			
99. DATE OF LOSS		100. DATE OF LOSS			

## Code

## Mode

A	Motor, truckload.
B	Motor, less than truckload.
C	Van (unpacked, uncrated-personal or Government property).
D	Driveway, truckaway, towaway.
E	Bus.
F	Military Airlift Command (MAC).
G	Parcel post, surface.
H	Parcel post, air.
I	Government trucks, for shipment outside local delivery area.
J	Small package carrier.
K	Rail, carload*.
L	Rail, less than carload*.
M	Freight Forwarder.
N	LOGAIR (commercial air charter service--Air Force controlled).
O	Organic military air.
P	Through Government bill of lading (TGBL).
Q	Air freight, air express, air charter (commercial).
R	Expedited air freight.
S	Scheduled truck service (applies to contract carriage, guaranteed traffic routings and/or scheduled service).
T	Air freight forwarder.
U	Quicktrans (commercial air charter service--Navy controlled).
V	SEAVAN.
W	Water, river, lake, coastal (commercial).
X	Bearer, walk-thru (customer pickup of material).
Y	Intratheater airlift service.
Z	MSC (Military Sealift Command--controlled contract or arranged space).
2	Government watercraft, barge, lighter.
3	RORO (roll-on, roll-off) service.
4	ARFCOS (Armed Forces Courier Service).
5	United Parcel Service.
6	Military official mail (MOM).
7	Express mail.
8	Pipeline.
9	Local delivery by Government or commercial truck including deliveries between air or water terminals and adjacent activities. Within CONUS, the local delivery area is defined in tariffs governing local application of carrier service as filed with regulatory authorities.

\*Includes trailer/container-on-flat-car (excluding SEAVAN).

TRANSPORTATION DISCREPANCY REPORT		PART 1	
1. TO: <input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL REPORT/INQUIRY <input type="checkbox"/> INITIAL REPORT/INQUIRY		2. DATE OF REPORT: <input type="text"/>	
3. CARRIER: <input type="text"/>		4. CARRIER: <input type="text"/>	
5. CARRIER: <input type="text"/>		6. CARRIER: <input type="text"/>	
7. DATE OF LOSS: <input type="text"/>		8. DATE OF LOSS: <input type="text"/>	
9. DATE OF LOSS: <input type="text"/>		10. DATE OF LOSS: <input type="text"/>	
11. DATE OF LOSS: <input type="text"/>		12. DATE OF LOSS: <input type="text"/>	
13. DATE OF LOSS: <input type="text"/>		14. DATE OF LOSS: <input type="text"/>	
15. DATE OF LOSS: <input type="text"/>		16. DATE OF LOSS: <input type="text"/>	
17. DATE OF LOSS: <input type="text"/>		18. DATE OF LOSS: <input type="text"/>	
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25. DATE OF LOSS: <input type="text"/>		26. DATE OF LOSS: <input type="text"/>	
27. DATE OF LOSS: <input type="text"/>		28. DATE OF LOSS: <input type="text"/>	
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31. DATE OF LOSS: <input type="text"/>		32. DATE OF LOSS: <input type="text"/>	
33. DATE OF LOSS: <input type="text"/>		34. DATE OF LOSS: <input type="text"/>	
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43. DATE OF LOSS: <input type="text"/>		44. DATE OF LOSS: <input type="text"/>	
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47. DATE OF LOSS: <input type="text"/>		48. DATE OF LOSS: <input type="text"/>	
49. DATE OF LOSS: <input type="text"/>		50. DATE OF LOSS: <input type="text"/>	
51. DATE OF LOSS: <input type="text"/>		52. DATE OF LOSS: <input type="text"/>	
53. DATE OF LOSS: <input type="text"/>		54. DATE OF LOSS: <input type="text"/>	
55. DATE OF LOSS: <input type="text"/>		56. DATE OF LOSS: <input type="text"/>	
57. DATE OF LOSS: <input type="text"/>		58. DATE OF LOSS: <input type="text"/>	
59. DATE OF LOSS: <input type="text"/>		60. DATE OF LOSS: <input type="text"/>	
61. DATE OF LOSS: <input type="text"/>		62. DATE OF LOSS: <input type="text"/>	
63. DATE OF LOSS: <input type="text"/>		64. DATE OF LOSS: <input type="text"/>	
65. DATE OF LOSS: <input type="text"/>		66. DATE OF LOSS: <input type="text"/>	
67. DATE OF LOSS: <input type="text"/>		68. DATE OF LOSS: <input type="text"/>	
69. DATE OF LOSS: <input type="text"/>		70. DATE OF LOSS: <input type="text"/>	
71. DATE OF LOSS: <input type="text"/>		72. DATE OF LOSS: <input type="text"/>	
73. DATE OF LOSS: <input type="text"/>		74. DATE OF LOSS: <input type="text"/>	
75. DATE OF LOSS: <input type="text"/>		76. DATE OF LOSS: <input type="text"/>	
77. DATE OF LOSS: <input type="text"/>		78. DATE OF LOSS: <input type="text"/>	
79. DATE OF LOSS: <input type="text"/>		80. DATE OF LOSS: <input type="text"/>	
81. DATE OF LOSS: <input type="text"/>		82. DATE OF LOSS: <input type="text"/>	
83. DATE OF LOSS: <input type="text"/>		84. DATE OF LOSS: <input type="text"/>	
85. DATE OF LOSS: <input type="text"/>		86. DATE OF LOSS: <input type="text"/>	
87. DATE OF LOSS: <input type="text"/>		88. DATE OF LOSS: <input type="text"/>	
89. DATE OF LOSS: <input type="text"/>		90. DATE OF LOSS: <input type="text"/>	
91. DATE OF LOSS: <input type="text"/>		92. DATE OF LOSS: <input type="text"/>	
93. DATE OF LOSS: <input type="text"/>		94. DATE OF LOSS: <input type="text"/>	
95. DATE OF LOSS: <input type="text"/>		96. DATE OF LOSS: <input type="text"/>	
97. DATE OF LOSS: <input type="text"/>		98. DATE OF LOSS: <input type="text"/>	
99. DATE OF LOSS: <input type="text"/>		100. DATE OF LOSS: <input type="text"/>	

# Block 14 - Date carrier signed for shipment

❖ Enter Julian date carrier picked up and signed for shipment

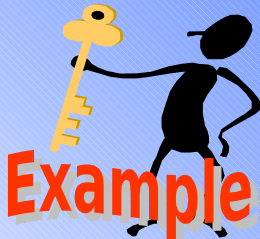


December 2, 1999  
would be reported as  
9337

TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE RECEIVED
REPORT				
4. TO: <input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY <input type="checkbox"/> INITIAL REPORT/CLERICAL <input type="checkbox"/> INITIAL REPORT/CLERICAL				
5. ORIGINATOR		6. CARRIER		
7. CARRIER		8. CARRIER'S POLICE REPORT NO.		
9. DATE OF LOSS		10. DATE OF RECEIPT		
11. DESCRIPTION		12. DATE OF RECEIPT		
13. DATA SUMMARY AND COMMENTS		14. DATE OF RECEIPT		
15. DATE OF RECEIPT		16. DATE OF RECEIPT		
17. DATE OF RECEIPT		18. DATE OF RECEIPT		
19. DATE OF RECEIPT		20. DATE OF RECEIPT		
21. DATE OF RECEIPT		22. DATE OF RECEIPT		
23. DATE OF RECEIPT		24. DATE OF RECEIPT		
25. DATE OF RECEIPT		26. DATE OF RECEIPT		
27. DATE OF RECEIPT		28. DATE OF RECEIPT		
29. DATE OF RECEIPT		30. DATE OF RECEIPT		
31. DATE OF RECEIPT		32. DATE OF RECEIPT		
33. DATE OF RECEIPT		34. DATE OF RECEIPT		
35. DATE OF RECEIPT		36. DATE OF RECEIPT		
37. DATE OF RECEIPT		38. DATE OF RECEIPT		
39. DATE OF RECEIPT		40. DATE OF RECEIPT		
41. DATE OF RECEIPT		42. DATE OF RECEIPT		
43. DATE OF RECEIPT		44. DATE OF RECEIPT		
45. DATE OF RECEIPT		46. DATE OF RECEIPT		
47. DATE OF RECEIPT		48. DATE OF RECEIPT		
49. DATE OF RECEIPT		50. DATE OF RECEIPT		
51. DATE OF RECEIPT		52. DATE OF RECEIPT		
53. DATE OF RECEIPT		54. DATE OF RECEIPT		
55. DATE OF RECEIPT		56. DATE OF RECEIPT		
57. DATE OF RECEIPT		58. DATE OF RECEIPT		
59. DATE OF RECEIPT		60. DATE OF RECEIPT		
61. DATE OF RECEIPT		62. DATE OF RECEIPT		
63. DATE OF RECEIPT		64. DATE OF RECEIPT		
65. DATE OF RECEIPT		66. DATE OF RECEIPT		
67. DATE OF RECEIPT		68. DATE OF RECEIPT		
69. DATE OF RECEIPT		70. DATE OF RECEIPT		
71. DATE OF RECEIPT		72. DATE OF RECEIPT		
73. DATE OF RECEIPT		74. DATE OF RECEIPT		
75. DATE OF RECEIPT		76. DATE OF RECEIPT		
77. DATE OF RECEIPT		78. DATE OF RECEIPT		
79. DATE OF RECEIPT		80. DATE OF RECEIPT		
81. DATE OF RECEIPT		82. DATE OF RECEIPT		
83. DATE OF RECEIPT		84. DATE OF RECEIPT		
85. DATE OF RECEIPT		86. DATE OF RECEIPT		
87. DATE OF RECEIPT		88. DATE OF RECEIPT		
89. DATE OF RECEIPT		90. DATE OF RECEIPT		
91. DATE OF RECEIPT		92. DATE OF RECEIPT		
93. DATE OF RECEIPT		94. DATE OF RECEIPT		
95. DATE OF RECEIPT		96. DATE OF RECEIPT		
97. DATE OF RECEIPT		98. DATE OF RECEIPT		
99. DATE OF RECEIPT		100. DATE OF RECEIPT		

# Block 15 - Date consignee received shipment

- ❖ Enter Julian date of receipt of shipment
- ❖ If shipment is “all short,” leave blank



9340



TRANSPORTATION DISCREPANCY REPORT		1. DATE	2. CARRIER/ARRIER	3. DATE OF DISCOVERY
REPORT				
PART 1				
<input type="checkbox"/> REQUEST FOR INFORMATION ONLY <input type="checkbox"/> INITIAL REPORT ONLY <input type="checkbox"/> INITIAL REPORT AND FOLLOW-UP				
4. TO	5. FROM			
6. DAMAGE	7. DAMAGE			
8. DAMAGE	9. DAMAGE			
10. DAMAGE	11. DAMAGE			
12. DAMAGE	13. DAMAGE			
14. DAMAGE	15. DAMAGE			
16. DAMAGE	17. DAMAGE			
18. DAMAGE	19. DAMAGE			
20. DAMAGE	21. DAMAGE			
22. DAMAGE	23. DAMAGE			
24. DAMAGE	25. DAMAGE			
26. DAMAGE	27. DAMAGE			
28. DAMAGE	29. DAMAGE			
30. DAMAGE	31. DAMAGE			
32. DAMAGE	33. DAMAGE			
34. DAMAGE	35. DAMAGE			
36. DAMAGE	37. DAMAGE			
38. DAMAGE	39. DAMAGE			
40. DAMAGE	41. DAMAGE			
42. DAMAGE	43. DAMAGE			
44. DAMAGE	45. DAMAGE			
46. DAMAGE	47. DAMAGE			
48. DAMAGE	49. DAMAGE			
50. DAMAGE	51. DAMAGE			
52. DAMAGE	53. DAMAGE			
54. DAMAGE	55. DAMAGE			
56. DAMAGE	57. DAMAGE			
58. DAMAGE	59. DAMAGE			
60. DAMAGE	61. DAMAGE			
62. DAMAGE	63. DAMAGE			
64. DAMAGE	65. DAMAGE			
66. DAMAGE	67. DAMAGE			
68. DAMAGE	69. DAMAGE			
70. DAMAGE	71. DAMAGE			
72. DAMAGE	73. DAMAGE			
74. DAMAGE	75. DAMAGE			
76. DAMAGE	77. DAMAGE			
78. DAMAGE	79. DAMAGE			
80. DAMAGE	81. DAMAGE			
82. DAMAGE	83. DAMAGE			
84. DAMAGE	85. DAMAGE			
86. DAMAGE	87. DAMAGE			
88. DAMAGE	89. DAMAGE			
90. DAMAGE	91. DAMAGE			
92. DAMAGE	93. DAMAGE			
94. DAMAGE	95. DAMAGE			
96. DAMAGE	97. DAMAGE			
98. DAMAGE	99. DAMAGE			
100. DAMAGE	101. DAMAGE			

# Block 16 - Date discrepancy discovered

- ❖ Enter Julian date when shortage or damage to the shipment was discovered



9340

TRANSPORTATION DISCREPANCY REPORT		PART 1	
1. TO: <input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> INITIAL REPORT		2. DATE OF REPORT: <input type="text"/>	
3. DISCREPANCY: <input type="text"/>		4. CARRIER: <input type="text"/>	
5. CARRIER: <input type="text"/>		6. CARRIER'S PHONE FOR DISCREPANCY: <input type="text"/>	
7. NAME OF CARRIER: <input type="text"/>		8. CARRIER'S PHONE FOR DISCREPANCY: <input type="text"/>	
9. DISCREPANCY: <input type="text"/>		10. DATE OF CARRIER'S FIRST: <input type="text"/>	
11. DISCREPANCY: <input type="text"/>		12. DATE OF CARRIER'S FIRST: <input type="text"/>	
13. DISCREPANCY: <input type="text"/>		14. DATE OF CARRIER'S FIRST: <input type="text"/>	
15. DISCREPANCY: <input type="text"/>		16. DATE OF CARRIER'S FIRST: <input type="text"/>	
17. DISCREPANCY: <input type="text"/>		18. DATE OF CARRIER'S FIRST: <input type="text"/>	
19. DISCREPANCY: <input type="text"/>		20. DATE OF CARRIER'S FIRST: <input type="text"/>	
21. DISCREPANCY: <input type="text"/>		22. DATE OF CARRIER'S FIRST: <input type="text"/>	
23. DISCREPANCY: <input type="text"/>		24. DATE OF CARRIER'S FIRST: <input type="text"/>	
25. DISCREPANCY: <input type="text"/>		26. DATE OF CARRIER'S FIRST: <input type="text"/>	
27. DISCREPANCY: <input type="text"/>		28. DATE OF CARRIER'S FIRST: <input type="text"/>	
29. DISCREPANCY: <input type="text"/>		30. DATE OF CARRIER'S FIRST: <input type="text"/>	
31. DISCREPANCY: <input type="text"/>		32. DATE OF CARRIER'S FIRST: <input type="text"/>	
33. DISCREPANCY: <input type="text"/>		34. DATE OF CARRIER'S FIRST: <input type="text"/>	
35. DISCREPANCY: <input type="text"/>		36. DATE OF CARRIER'S FIRST: <input type="text"/>	
37. DISCREPANCY: <input type="text"/>		38. DATE OF CARRIER'S FIRST: <input type="text"/>	
39. DISCREPANCY: <input type="text"/>		40. DATE OF CARRIER'S FIRST: <input type="text"/>	
41. DISCREPANCY: <input type="text"/>		42. DATE OF CARRIER'S FIRST: <input type="text"/>	
43. DISCREPANCY: <input type="text"/>		44. DATE OF CARRIER'S FIRST: <input type="text"/>	
45. DISCREPANCY: <input type="text"/>		46. DATE OF CARRIER'S FIRST: <input type="text"/>	
47. DISCREPANCY: <input type="text"/>		48. DATE OF CARRIER'S FIRST: <input type="text"/>	
49. DISCREPANCY: <input type="text"/>		50. DATE OF CARRIER'S FIRST: <input type="text"/>	
51. DISCREPANCY: <input type="text"/>		52. DATE OF CARRIER'S FIRST: <input type="text"/>	
53. DISCREPANCY: <input type="text"/>		54. DATE OF CARRIER'S FIRST: <input type="text"/>	
55. DISCREPANCY: <input type="text"/>		56. DATE OF CARRIER'S FIRST: <input type="text"/>	
57. DISCREPANCY: <input type="text"/>		58. DATE OF CARRIER'S FIRST: <input type="text"/>	
59. DISCREPANCY: <input type="text"/>		60. DATE OF CARRIER'S FIRST: <input type="text"/>	
61. DISCREPANCY: <input type="text"/>		62. DATE OF CARRIER'S FIRST: <input type="text"/>	
63. DISCREPANCY: <input type="text"/>		64. DATE OF CARRIER'S FIRST: <input type="text"/>	
65. DISCREPANCY: <input type="text"/>		66. DATE OF CARRIER'S FIRST: <input type="text"/>	
67. DISCREPANCY: <input type="text"/>		68. DATE OF CARRIER'S FIRST: <input type="text"/>	
69. DISCREPANCY: <input type="text"/>		70. DATE OF CARRIER'S FIRST: <input type="text"/>	
71. DISCREPANCY: <input type="text"/>		72. DATE OF CARRIER'S FIRST: <input type="text"/>	
73. DISCREPANCY: <input type="text"/>		74. DATE OF CARRIER'S FIRST: <input type="text"/>	
75. DISCREPANCY: <input type="text"/>		76. DATE OF CARRIER'S FIRST: <input type="text"/>	
77. DISCREPANCY: <input type="text"/>		78. DATE OF CARRIER'S FIRST: <input type="text"/>	
79. DISCREPANCY: <input type="text"/>		80. DATE OF CARRIER'S FIRST: <input type="text"/>	
81. DISCREPANCY: <input type="text"/>		82. DATE OF CARRIER'S FIRST: <input type="text"/>	
83. DISCREPANCY: <input type="text"/>		84. DATE OF CARRIER'S FIRST: <input type="text"/>	
85. DISCREPANCY: <input type="text"/>		86. DATE OF CARRIER'S FIRST: <input type="text"/>	
87. DISCREPANCY: <input type="text"/>		88. DATE OF CARRIER'S FIRST: <input type="text"/>	
89. DISCREPANCY: <input type="text"/>		90. DATE OF CARRIER'S FIRST: <input type="text"/>	
91. DISCREPANCY: <input type="text"/>		92. DATE OF CARRIER'S FIRST: <input type="text"/>	
93. DISCREPANCY: <input type="text"/>		94. DATE OF CARRIER'S FIRST: <input type="text"/>	
95. DISCREPANCY: <input type="text"/>		96. DATE OF CARRIER'S FIRST: <input type="text"/>	
97. DISCREPANCY: <input type="text"/>		98. DATE OF CARRIER'S FIRST: <input type="text"/>	
99. DISCREPANCY: <input type="text"/>		100. DATE OF CARRIER'S FIRST: <input type="text"/>	

# Block 17 - Date carrier notified

- ❖ Enter Julian date carrier was first notified of the discrepancy
- ❖ Enter how carrier was notified



9340, telephone

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: Carrier Information** (Carrier Name, Address, City, State, Zip, Country, Telephone, Fax, E-mail)
- Section 2: Description of the Discrepancy** (Date of Discrepancy, Location of Discrepancy, Description of Discrepancy, Quantity of Discrepancy, Value of Discrepancy, etc.)
- Section 3: Contact Information** (Name of Contact, Title, Address, City, State, Zip, Country, Telephone, Fax, E-mail)
- Section 4: Remarks** (A large area for additional comments or notes.)

# Block 18 - Name of person contacted

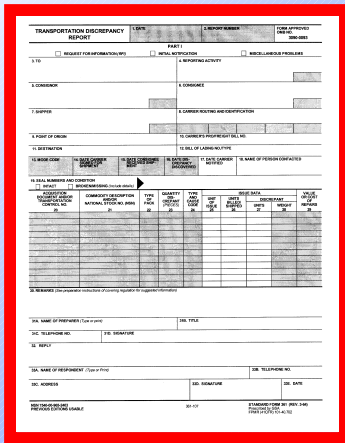
❖ Enter name and telephone number of carrier's representative contacted



**T. Jones, 800-424-6000**

**or**

**Ella, RDWY, 317-543-6841**



# Block 19 - Seal numbers and condition

- ❖ Enter “X” in the appropriate block to show seal numbers and condition at delivery
- ❖ Explain any variance between seal number(s) shown on the transportation document and seal(s) affixed to carrier’s equipment



**Seal #45932 at destination, intact**

The image shows a sample of a Transportation Discrepancy Report (DTCG38-99-D-10009) form. The form is divided into several sections, including '1. TO', '2. DISCREPANCY', '3. DISPOSITION', and '4. DATA SUMMARY AND COMMENTS'. It contains various fields for data entry, such as '1. TO', '2. DISCREPANCY', '3. DISPOSITION', and '4. DATA SUMMARY AND COMMENTS'. The form is a standard military document used for reporting transportation discrepancies.

# Block 20 - Acquisition document and/or TCN

- ❖ Cite the applicable acquisition or requisition document number, the purchase order number, and/or the transportation control number (TCN)



**DTCG38-99-D-10009 [contract number] or  
Z20285-9137-9402 [TCN]**

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- SECTION 1: REPORTING OFFICE** (Name, Address, City, State, Zip, Country)
- SECTION 2: REPORTING OFFICER** (Name, Title, Signature, Date)
- SECTION 3: DISCREPANCY** (Description of discrepancy, Date of discovery, Location of discovery, Quantity of discrepancy, etc.)
- SECTION 4: ACTION** (Action taken, Date of completion, etc.)
- SECTION 5: COMMENTS** (Additional information, etc.)

# Block 21 - Commodity description and/or National Stock Number (NSN)

- ❖ Enter noun or nomenclature, the description of commodity, and the NSN or part number



1620-01-HR2-2302

Landing Gear, Nose



# Block 22 - Type of pack (see next slide for codes)

- ❖ Enter appropriate code from table in Section C, 41 CFR 101-40.4901-361-1 for outer package configuration



***BX - for “box”***  
***CN - for “can”***  
***PC - for “piece”***



The image shows a sample of a Transportation Discrepancy Report (Block 23) form. The form is divided into several sections:

- Section 1: General Information** (Top section, including fields for date, location, and report number).
- Section 2: Discrepancy Details** (Middle section, including fields for quantity, description, and date).
- Section 3: Remarks** (Bottom section, for additional notes).

The form is titled "TRANSPORTATION DISCREPANCY REPORT" and includes a "PART 1" section. It contains various checkboxes and input fields for reporting discrepancies in freight quantities.

# Block 23 - Quantity discrepant (pieces)

- ❖ Enter actual number of pieces of discrepant freight - the difference in the quantity delivered and the quantity shown on the bill of lading or governing transportation document or the number of pieces damaged

The image shows a sample of a Transportation Discrepancy Report (TDR) form. The form is divided into several sections, including:
 

- Section 1: General Information** (Carrier, Consignee, Commodity, etc.)
- Section 2: Discrepancy Information** (Type of discrepancy, Date of discovery, etc.)
- Section 3: Cause of Discrepancy** (A table with columns for Cause, Code, and Remarks)
- Section 4: Signature and Date** (Carrier, Consignee, etc.)

# Block 24 - Type and cause code (see next slide for codes)

- ❖ Enter appropriate code from table in Section D, 41 CFR 101-40.4901-361-1, which most clearly identifies the type and cause of the discrepancy



**SP** - for “pilferage”  
**DV** - for “vandalism”  
**XS** - for “Signature Security Service violations”

TRANSFORMATION DISCREPANCY REPORT		DATA		1. BUSINESS NUMBER		DATE OF REPORT (MM/YY)	
<input type="checkbox"/> REQUEST FOR INFORMATION/INQUIRY		<input type="checkbox"/> INITIAL ACTION/CTION		<input type="checkbox"/> REACT		<input type="checkbox"/> REACTION/REACT-PROBLEMS	
7. ID		8. OPERATIONAL ACTIVITY					
7.1. CREATOR		8.1. CREATOR					
7.2. SUPPORT		8.2. COMPANY PLANNING AND IDENTIFICATION					
7.3. POINT OF ORIGIN		8.3. COMPANY MANAGEMENT PLAN					
7.4. DESTINATION		8.4. LIST OF ADDRESS/LOCATIONS					
9. ISSUE CODE		10. DATE RECEIVED		11. DATE DISPATCHED		12. NAME OF PERSON CONTACTED	
13. CALL NUMBER AND LOCATION		14. COMMENTS					
15. CALL NUMBER AND LOCATION		16. DATE RECEIVED		17. DATE DISPATCHED		18. NAME OF PERSON CONTACTED	
19. CALL NUMBER AND LOCATION		20. DATE RECEIVED		21. DATE DISPATCHED		22. NAME OF PERSON CONTACTED	
23. CALL NUMBER AND LOCATION		24. DATE RECEIVED		25. DATE DISPATCHED		26. NAME OF PERSON CONTACTED	
27. CALL NUMBER AND LOCATION		28. DATE RECEIVED		29. DATE DISPATCHED		30. NAME OF PERSON CONTACTED	
31. CALL NUMBER AND LOCATION		32. DATE RECEIVED		33. DATE DISPATCHED		34. NAME OF PERSON CONTACTED	
35. CALL NUMBER AND LOCATION		36. DATE RECEIVED		37. DATE DISPATCHED		38. NAME OF PERSON CONTACTED	
39. CALL NUMBER AND LOCATION		40. DATE RECEIVED		41. DATE DISPATCHED		42. NAME OF PERSON CONTACTED	
43. CALL NUMBER AND LOCATION		44. DATE RECEIVED		45. DATE DISPATCHED		46. NAME OF PERSON CONTACTED	
47. CALL NUMBER AND LOCATION		48. DATE RECEIVED		49. DATE DISPATCHED		50. NAME OF PERSON CONTACTED	
51. CALL NUMBER AND LOCATION		52. DATE RECEIVED		53. DATE DISPATCHED		54. NAME OF PERSON CONTACTED	
55. CALL NUMBER AND LOCATION		56. DATE RECEIVED		57. DATE DISPATCHED		58. NAME OF PERSON CONTACTED	
59. CALL NUMBER AND LOCATION		60. DATE RECEIVED		61. DATE DISPATCHED		62. NAME OF PERSON CONTACTED	
63. CALL NUMBER AND LOCATION		64. DATE RECEIVED		65. DATE DISPATCHED		66. NAME OF PERSON CONTACTED	
67. CALL NUMBER AND LOCATION		68. DATE RECEIVED		69. DATE DISPATCHED		70. NAME OF PERSON CONTACTED	
71. CALL NUMBER AND LOCATION		72. DATE RECEIVED		73. DATE DISPATCHED		74. NAME OF PERSON CONTACTED	
75. CALL NUMBER AND LOCATION		76. DATE RECEIVED		77. DATE DISPATCHED		78. NAME OF PERSON CONTACTED	
79. CALL NUMBER AND LOCATION		80. DATE RECEIVED		81. DATE DISPATCHED		82. NAME OF PERSON CONTACTED	
83. CALL NUMBER AND LOCATION		84. DATE RECEIVED		85. DATE DISPATCHED		86. NAME OF PERSON CONTACTED	
87. CALL NUMBER AND LOCATION		88. DATE RECEIVED		89. DATE DISPATCHED		90. NAME OF PERSON CONTACTED	
91. CALL NUMBER AND LOCATION		92. DATE RECEIVED		93. DATE DISPATCHED		94. NAME OF PERSON CONTACTED	
95. CALL NUMBER AND LOCATION		96. DATE RECEIVED		97. DATE DISPATCHED		98. NAME OF PERSON CONTACTED	
99. CALL NUMBER AND LOCATION		100. DATE RECEIVED		101. DATE DISPATCHED		102. NAME OF PERSON CONTACTED	
103. CALL NUMBER AND LOCATION		104. DATE RECEIVED		105. DATE DISPATCHED		106. NAME OF PERSON CONTACTED	
107. CALL NUMBER AND LOCATION		108. DATE RECEIVED		109. DATE DISPATCHED		110. NAME OF PERSON CONTACTED	
111. CALL NUMBER AND LOCATION		112. DATE RECEIVED		113. DATE DISPATCHED		114. NAME OF PERSON CONTACTED	
115. CALL NUMBER AND LOCATION		116. DATE RECEIVED		117. DATE DISPATCHED		118. NAME OF PERSON CONTACTED	
119. CALL NUMBER AND LOCATION		120. DATE RECEIVED		121. DATE DISPATCHED		122. NAME OF PERSON CONTACTED	
123. CALL NUMBER AND LOCATION		124. DATE RECEIVED		125. DATE DISPATCHED		126. NAME OF PERSON CONTACTED	
127. CALL NUMBER AND LOCATION		128. DATE RECEIVED		129. DATE DISPATCHED		130. NAME OF PERSON CONTACTED	
131. CALL NUMBER AND LOCATION		132. DATE RECEIVED		133. DATE DISPATCHED		134. NAME OF PERSON CONTACTED	
135. CALL NUMBER AND LOCATION		136. DATE RECEIVED		137. DATE DISPATCHED		138. NAME OF PERSON CONTACTED	
139. CALL NUMBER AND LOCATION		140. DATE RECEIVED		141. DATE DISPATCHED		142. NAME OF PERSON CONTACTED	
143. CALL NUMBER AND LOCATION		144. DATE RECEIVED		145. DATE DISPATCHED		146. NAME OF PERSON CONTACTED	
147. CALL NUMBER AND LOCATION		148. DATE RECEIVED		149. DATE DISPATCHED		150. NAME OF PERSON CONTACTED	
151. CALL NUMBER AND LOCATION		152. DATE RECEIVED		153. DATE DISPATCHED		154. NAME OF PERSON CONTACTED	
155. CALL NUMBER AND LOCATION		156. DATE RECEIVED		157. DATE DISPATCHED		158. NAME OF PERSON CONTACTED	
159. CALL NUMBER AND LOCATION		160. DATE RECEIVED		161. DATE DISPATCHED		162. NAME OF PERSON CONTACTED	
163. CALL NUMBER AND LOCATION		164. DATE RECEIVED		165. DATE DISPATCHED		166. NAME OF PERSON CONTACTED	
167. CALL NUMBER AND LOCATION		168. DATE RECEIVED		169. DATE DISPATCHED		170. NAME OF PERSON CONTACTED	
171. CALL NUMBER AND LOCATION		172. DATE RECEIVED		173. DATE DISPATCHED		174. NAME OF PERSON CONTACTED	
175. CALL NUMBER AND LOCATION		176. DATE RECEIVED		177. DATE DISPATCHED		178. NAME OF PERSON CONTACTED	
179. CALL NUMBER AND LOCATION		180. DATE RECEIVED		181. DATE DISPATCHED		182. NAME OF PERSON CONTACTED	
183. CALL NUMBER AND LOCATION		184. DATE RECEIVED		185. DATE DISPATCHED		186. NAME OF PERSON CONTACTED	
187. CALL NUMBER AND LOCATION		188. DATE RECEIVED		189. DATE DISPATCHED		190. NAME OF PERSON CONTACTED	
191. CALL NUMBER AND LOCATION		192. DATE RECEIVED		193. DATE DISPATCHED		194. NAME OF PERSON CONTACTED	
195. CALL NUMBER AND LOCATION		196. DATE RECEIVED		197. DATE DISPATCHED		198. NAME OF PERSON CONTACTED	
199. CALL NUMBER AND LOCATION		200. DATE RECEIVED		201. DATE DISPATCHED		202. NAME OF PERSON CONTACTED	
203. CALL NUMBER AND LOCATION		204. DATE RECEIVED		205. DATE DISPATCHED		206. NAME OF PERSON CONTACTED	
207. CALL NUMBER AND LOCATION		208. DATE RECEIVED		209. DATE DISPATCHED		210. NAME OF PERSON CONTACTED	
211. CALL NUMBER AND LOCATION		212. DATE RECEIVED		213. DATE DISPATCHED		214. NAME OF PERSON CONTACTED	
2							

Code	Type and Cause Code
<b><u>ASTRAY</u></b>	
A3	Incomplete marking or missing label or tag.
A4	Defaced or illegible marking.
AA	Unknown.
<b><u>OVERAGE</u></b>	
O5	Improper documentation.
O3	Incomplete marking or missing label or tag.
O4	Defaced or illegible marking.
OK	Improper loading or stowing.
OO	Unknown.
<b><u>SHORTAGE</u></b>	
SL	Leakage, spoilage, or evaporation.
S5	Improper documentation.
ST	Theft.
SP	Pilferage.
SI	Status "W" cargo (MTMC terminal use only).
SK	Improper loading or stowing.
SS	Unknown.
<b><u>DAMAGE</u></b>	
DF	Fire.
DK	Improper loading, stowing, lashing, blocking, and bracing.
D6	Materials handling equipment.
D1	Marine Casualty.
DG	Spoilage.
DQ	Rough handling.
D2	Stevedoring.
DE	Water damage.
DW	Wreck.
DV	Vandalism.
DZ	Concealed damage.
DD	Unknown.
<b><u>OTHER</u></b>	
XB	Broken, missing, improper, or inadequate seals.
XC	Special contract or carrier services not provided on unclassified or nonprotected cargo.
XH	Excess transit time.
X3	Incomplete marking or missing label or tag.
X4	Defaced or illegible marking.
XJ	Improper carrier handling, service, or equipment.
XK	Improper loading, stowing, lashing, blocking, or bracing (if no actual damage).
XL	Certification of hazardous material (DD Form 1387-2) missing or incorrect.
XM	Improper marking or labeling of dangerous or hazardous material.
XN	Misconsignment.
XR	Government transportation regulations, carrier tariff or tender agreements, not observed on classified or protected material.
XS	Signature Security Service violations.
XX	Not specified above (described in remarks).

The image shows a sample of a 'TRANSPORTATION DISCREPANCY REPORT' form. The form is divided into several sections, including 'TO', 'FROM', 'DATE', 'TIME', 'LOCATION', 'QUANTITY', 'UNIT', 'REMARKS', and 'SIGNATURE'. The form is filled out with sample data, including 'TO: NEW YORK', 'FROM: NEW YORK', 'DATE: 10/10/10', 'TIME: 10:00', 'LOCATION: NEW YORK', 'QUANTITY: 100', 'UNIT: EA', 'REMARKS: 100 EA', and 'SIGNATURE: [Signature]'. The form is titled 'TRANSPORTATION DISCREPANCY REPORT' and has a 'PART 1' section.

# Block 25 - Unit of issue

- ❖ Enter 2-position alpha abbreviation of the type of unit under which material was issued - refer to shipping document or packing list



***EA - for “each”***

***PG - for “package”***

***FT - for “feet”***



**TRANSPORTATION DISCREPANCY REPORT**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

REMARKS:

UNIT OF CARRIER:  TYPE OF CARRIER:

SIGNATURE:

UNIT OF CARRIER:  TYPE OF CARRIER:

SIGNATURE:

UNIT OF CARRIER:  TYPE OF CARRIER:

SIGNATURE:

# Block 26 - Units billed/ shipped

- ❖ Enter actual number of units of issued billed (invoiced) or shipped as shown on the applicable shipping document/packing list



TRANSPORTATION DISCREPANCY REPORT		BLOCK NUMBER		DATE REPORTED	
REPORT		PART 1		DATE REPORTED	
<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> METAL DETECTION <input type="checkbox"/> METAL LOCATED		<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> METAL DETECTION <input type="checkbox"/> METAL LOCATED		<input type="checkbox"/> REQUEST FOR INFORMATION <input type="checkbox"/> METAL DETECTION <input type="checkbox"/> METAL LOCATED	
1. TO		2. FROM		3. DATE	
4. DISCREPANCY		5. COMMENTS		6. COMMENTS	
7. DISCREPANCY		8. COMMENTS		9. COMMENTS	
10. DATE OF DISCOVERY		11. DATE OF DISCOVERY		12. DATE OF DISCOVERY	
13. DISCREPANCY		14. DISCREPANCY		15. DISCREPANCY	
16. DISCREPANCY		17. DISCREPANCY		18. DISCREPANCY	
19. DISCREPANCY		20. DISCREPANCY		21. DISCREPANCY	
22. DISCREPANCY		23. DISCREPANCY		24. DISCREPANCY	
25. DISCREPANCY		26. DISCREPANCY		27. DISCREPANCY	
28. DISCREPANCY		29. DISCREPANCY		30. DISCREPANCY	
31. DISCREPANCY		32. DISCREPANCY		33. DISCREPANCY	
34. DISCREPANCY		35. DISCREPANCY		36. DISCREPANCY	
37. DISCREPANCY		38. DISCREPANCY		39. DISCREPANCY	
40. DISCREPANCY		41. DISCREPANCY		42. DISCREPANCY	
43. DISCREPANCY		44. DISCREPANCY		45. DISCREPANCY	
46. DISCREPANCY		47. DISCREPANCY		48. DISCREPANCY	
49. DISCREPANCY		50. DISCREPANCY		51. DISCREPANCY	
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91. DISCREPANCY		92. DISCREPANCY		93. DISCREPANCY	
94. DISCREPANCY		95. DISCREPANCY		96. DISCREPANCY	
97. DISCREPANCY		98. DISCREPANCY		99. DISCREPANCY	
100. DISCREPANCY		101. DISCREPANCY		102. DISCREPANCY	

# Block 28 - Discrepant weight

- ❖ Enter total weight of the discrepant pieces shown in block 23

The image shows a sample of a Transportation Discrepancy Report (Block 29) form. The form is divided into several sections:

- Section 1: SHORTAGE** - Includes fields for "TO" (Request for Information), "FROM" (Material Supplier), and "REASON FOR SHORTAGE".
- Section 2: DAMAGE** - Includes fields for "TO" (Request for Information), "FROM" (Material Supplier), and "REASON FOR DAMAGE".
- Section 3: REPAIR** - Includes fields for "TO" (Request for Information), "FROM" (Material Supplier), and "REASON FOR REPAIR".
- Section 4: OVER OR ASTRAY FREIGHT** - Includes fields for "TO" (Request for Information), "FROM" (Material Supplier), and "REASON FOR OVER OR ASTRAY FREIGHT".

The form also includes a table for recording the value of material lost, damaged, or repaired, with columns for "QUANTITY", "UNIT", "VALUE", and "REMARKS".

# Block 29 - Value or cost of repairs

- ❖ For a shortage, enter the actual value of material lost
- ❖ For a damage, enter the repair cost (including transportation charges to and from a repair facility, cost estimates, etc.)
- ❖ For damage beyond economical repair, enter the replacement cost of material
- ❖ For over or astray freight, enter the actual value of material

**TRANSPORTATION DISCREPANCY REPORT**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:

CARRIER:

MODE:

COMMODITY:

QUANTITY:

VALUE:

DESCRIPTION:

REMARKS:

CARRIER'S EXPLANATION:

SHIPPER'S EXPLANATION:

SHIPPER'S SIGNATURE:

SHIPPER'S TITLE:

SHIPPER'S COMPANY:

SHIPPER'S ADDRESS:

SHIPPER'S CITY:

SHIPPER'S STATE:

SHIPPER'S ZIP:

SHIPPER'S PHONE:

SHIPPER'S FAX:

SHIPPER'S E-MAIL:

SHIPPER'S WEBSITE:

SHIPPER'S SOCIAL MEDIA:

SHIPPER'S OTHER:

SHIPPER'S SIGNATURE:

SHIPPER'S TITLE:

SHIPPER'S COMPANY:

SHIPPER'S ADDRESS:

SHIPPER'S CITY:

SHIPPER'S STATE:

SHIPPER'S ZIP:

SHIPPER'S PHONE:

SHIPPER'S FAX:

SHIPPER'S E-MAIL:

SHIPPER'S WEBSITE:

SHIPPER'S SOCIAL MEDIA:

SHIPPER'S OTHER:

**When  
corresponding  
with the carrier,  
leave block 29  
blank or  
obliterate the  
amount**

# Block 30 - Remarks

- ❖ Use this block to --
  - ❖ request information needed for investigating the discrepancy
  - ❖ notify carrier of a discrepancy in the shipment
  - ❖ report miscellaneous problems for shipper correction
  - ❖ indicate photographs (if available), documents or information the shipper or carrier may not have which will aid in a reply
  - ❖ report miscellaneous problems not involving a claim and furnish detailed data indicating responsibility
  - ❖ report security or hazardous material violations on shipments of classified, protected, or hazardous material

**TRANSPORTATION DISCREPANCY REPORT**

**PART 1**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

**PART 2**

TO: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

FROM: ☐ REQUEST FOR INFORMATION ☐ INITIAL REPORT ☐ INITIAL REPORT

DATE:  TIME:  LOCATION:

DESCRIPTION:

CAUSE:

EFFECT:

ACTION:

REMARKS:

# Blocks 31 A, B, C and D

- ❖ enter your name in block 31A
- ❖ enter your title in block 31B
- ❖ enter your voice telephone number in block 31C
- ❖ sign the TDR in block 31D
- ❖ ALSO, in block 31D, print or type your fax number and email address



The image shows a sample of a Transportation Discrepancy Report (Block 32) form. The form is titled "TRANSPORTATION DISCREPANCY REPORT" and is divided into several sections. The top section is for "PART 1" and includes fields for "TO" (Request for Information/Reply), "FROM" (Initial Report/Reply), and "REASON FOR DISCREPANCY". Below this is a section for "PART 2" which includes fields for "TO" (Request for Information/Reply), "FROM" (Initial Report/Reply), and "REASON FOR DISCREPANCY". The form also includes a section for "PART 3" which is a table for "REASON FOR DISCREPANCY" with columns for "TO", "FROM", "REASON FOR DISCREPANCY", "DATE", "TIME", "LOCATION", "WEATHER", "ROAD", "VEHICLE", "DRIVER", "PASSENGER", "CARGO", "EQUIPMENT", "FUEL", "OIL", "LUBRICANTS", "TIRE", "WHEEL", "AXLE", "BRAKE", "LIGHT", "SIGNAL", "HORN", "BELL", "WHISTLE", "GONG", "BELL", "WHISTLE", "GONG", "BELL", "WHISTLE", "GONG". The bottom section is for "PART 4" which includes fields for "TO" (Request for Information/Reply), "FROM" (Initial Report/Reply), and "REASON FOR DISCREPANCY".

# Block 32 - Reply

**Use this block to:**

- ❖ **reply to any questions asked in block 30**
- ❖ **furnish any information to aid investigation of the discrepancy**

**This is  
the back  
side of  
the SF  
361  
TDR**

SF 361 (PAGE 2)

**PART II - (FOR CLAIMS PURPOSES)**

34. THIS IS A SURVEY DOCUMENT.

☐ YES ☐ NO

35. DATE

36. TO

37. RESPONSIBILITY

☐ CARRIER ☐ SHIPPER/CONTRACTOR ☐ TRANS. SHIPPING ACTIVITY ☐ RECEIVER ☐ OTHER (Specify)

38. EXCEPTION NOTED ON CARRIERS DELIVERY RECEIPT? (If "NO," explain in Remarks)

☐ YES ☐ NO

39. DOCUMENTS ATTACHED (If "YES," list in Remarks)

☐ YES ☐ NO

40. PHOTOGRAPHS ATTACHED?

☐ YES ☐ NO

41. INSPECTION DATA

☐ CARRIER INSPECTED (Report attached) ☐ INSPECTION WAIVED (Waiver attached) ☐ ORAL WAIVER (Provide name, title, and date in Remarks) ☐ GOVERNMENT INSPECTED (Report attached)

42. DISPOSITION DATA

☐ REJECTED (Receipt attached) ☐ REPAIRED AT GOVERNMENT EXPENSE (Bill attached) ☐ OTHER (Explain in Remarks)

43. REMARKS (See preparation instructions of covering regulation for suggested information)

44. DISTRIBUTION OF COPIES

45A. NAME OF PREPARER (Type or print)

45B. TITLE

45C. TELEPHONE

45D. SIGNATURE

**46. ACTION BY REVIEWING OFFICIALS**

A. ABOVE ITEMS HAVE BEEN

☐ EXPENDED  
☐ RECEIVED

B. INVENTORY ACCOUNT

C. CHARGE/TRANSFER TO:

D. ACCOUNTING CLASSIFICATION

E. APPROVED TO HOLD

RESPONSIBLE IN THE AMOUNT OF \$

(Name)

F. APPROVING OFFICIAL

NAME (Type or print)

TITLE

SIGNATURE

DATE

**47. ACTION BY CLAIMS OFFICE**

**CLAIMS**

**PART II - FOR CLAIMS PURPOSES**

IN THIS SECTION, YOU WILL PROVIDE INFORMATION ABOUT THE CLAIMANT, THE INCIDENT, AND THE CLAIM.

1. CLAIMANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. INCIDENT INFORMATION

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

3. CLAIM INFORMATION

DESCRIPTION OF CLAIM: \_\_\_\_\_

4. CONTACT INFORMATION

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

5. SIGNATURE

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# Part II - For Claims Purposes

- ❖ when Part I is complete and all supporting documentation for the claim is assembled, complete Part II to support formal claim filed against the carrier
- ❖ this information will not be disclosed to the carrier

1. CLAIMANT'S NAME PART 1 (FOR CLAIM PURPOSES)		2. TYPE OF CLAIM DOCUMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATE	
4. TO					
5. RESPONSIBILITY <input type="checkbox"/> OWNER <input type="checkbox"/> SUPERINTENDENT <input type="checkbox"/> DESIGNER <input type="checkbox"/> OTHER					
6. DOCUMENT ATTACHED TO THIS CLAIM (Check all that apply) <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. CLAIMANT'S NAME <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
9. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
11. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
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98. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
99. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					
100. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO					

# Block 34 - This is a Survey Document

❖ indicate “No”

Not  
require  
d for  
the  
Coast  
Guard

1. <b>REPORTING AGENCY</b> 2. <b>FOR A PART (CLASS PURPOSES)</b>		3. <b>IS THIS A EXACT DOCUMENT</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		4. <b>DATE</b>	
5. <b>TO</b>					
7. <b>REASON(S)</b> a. <input type="checkbox"/> <b>CLASSEX</b> <input type="checkbox"/> <b>DISSEMINATION</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
b. <b>IS THIS DOCUMENT OR PART OF IT</b> c. <b>IS IT OF THE "HIGH RISK" CATEGORY</b>		d. <b>IS DOCUMENT ATTACHED TO THE "HIGH RISK" REPORT</b> <input type="checkbox"/> <b>IS PHOTOGRAPH ATTACHED</b> <input type="checkbox"/>			
e. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		f. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		g. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
8. <b>REASON(S)</b> a. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
b. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>		c. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>			
d. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
e. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
f. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
g. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
h. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
i. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
j. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
k. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
l. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
m. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b>					
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ay. <b>IS THIS DOCUMENT</b> <input type="checkbox"/> <b>NEWSPAPER</b>					

# Block 35 - Date

❖ **enter Julian date when Part II was completed**

[illegible]

# Block 36 - To

- ❖ **enter name, address, and zip code of appropriate office to which the TDR package for claim action is to be sent**

# Block 37 - Responsibility

- ❖ transportation or appropriate receiving personnel normally make this determination based on the facts and evidence available
- ❖ check appropriate block
- ❖ if there is insufficient evidence to make a determination, indicate “Other” and enter “Unknown”



[illegible]

# Block 38 - Exception noted on carrier's delivery receipt

- ❖ **check the appropriate block**
- ❖ **if “No” is checked, give the reason in block 43**

[illegible]

# Block 39 - Documents attached

- ❖ **check the appropriate block**
- ❖ **if “Yes” is checked, list the documents in block 43**

# Block 40 - Photograph attached?

- ❖ check the appropriate block
- ❖ if photographs are included, be sure to send the *originals* - keep a copy of photos in your file copy of TDR packet
- ❖ **do not fax** photocopies of photographs - they do not transmit successfully



1. <b>REPORTING AGENCY</b> 2. <b>FOR A PART (FOR CLIMATE PURPOSES)</b>		3. <b>DATE OF REPORT</b> 4. <b>DATE</b>	
5. <b>TO</b>		6. <b>DATE</b>	
7. <b>REVIEWABLE</b> a. <b>CLIMATE</b> <input type="checkbox"/> <b>ENVIRONMENTAL</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> b. <b>DOCUMENTS ATTACHED TO THE "FOR A PART" REPORT</b> <input type="checkbox"/> <b>PHOTOGRAPHS ATTACHED</b> <input type="checkbox"/> c. <b>CLIMATE</b> <input type="checkbox"/> <b>ENVIRONMENTAL</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>			
8. <b>REVIEWABLE</b> a. <b>CLIMATE</b> <input type="checkbox"/> <b>ENVIRONMENTAL</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> b. <b>DOCUMENTS ATTACHED TO THE "FOR A PART" REPORT</b> <input type="checkbox"/> <b>PHOTOGRAPHS ATTACHED</b> <input type="checkbox"/> c. <b>CLIMATE</b> <input type="checkbox"/> <b>ENVIRONMENTAL</b> <input type="checkbox"/> <b>NEWSPAPER</b> <input type="checkbox"/> <b>NEWS</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>			
9. <b>REMARKS</b> (For supplementary information of meeting regarding for suggested information)			
10. <b>DISTRIBUTION OF COPIES</b>			
11. <b>DATE OF PREPARATION</b> (Type in date)		12. <b>DATE</b>	
13. <b>DATE OF PREPARATION</b> (Type in date)		14. <b>DATE</b>	
15. <b>ACTION BY REVIEWING OFFICIALS</b>			
16. <b>REVIEWING OFFICIAL</b>		17. <b>REVIEWING OFFICIAL</b>	
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120. <b>REVIEWING OFFICIAL</b>		121. <b>REVIEWING OFFICIAL</b>	

# Block 42 - Disposition data

- ❖ **check the appropriate block**
- ❖ **attach required documents,  
or enter explanation in block  
43**

## Block 43 - Remarks

- ❖ enter detailed information or data which will aid the claims office in filing a claim
- ❖ indicate the facts only - do not state personal opinions unless substantiated by documentation such as affidavits or certified statements
- ❖ list documents attached to support the discrepancy

<b>UNCLASSIFIED</b> PART 4 (FOR CLAIMS PURPOSES)		IS THIS A REVISED SUBMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A <input type="checkbox"/> YES <input type="checkbox"/> NO
IN TO			
1. RESPONSIBILITY <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR/INSTRUCTOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER			
2. DOCUMENTS ATTACHED TO THIS TDR (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. DISTRIBUTION OF COPIES (SEE INSTRUCTIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			
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100. APPROVED TO HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO			

# Block 44 - Distribution of copies

❖ enter name, address, and zip code of any office that will receive a copy of TDR packet



[illegible]

# Block 46 - Action by reviewing officials

- ❖ **Sections A, B, C, and D are used for inventory and financial adjustments of accounts in accordance with individual service/agency regulations**
- ❖ **Sections E and F used by the Coast Guard**

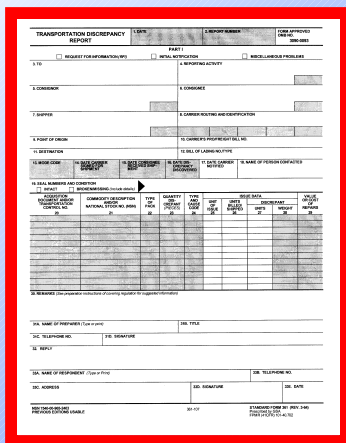
**Not  
required  
for  
the  
Coast  
Guard**

1. NAME OF THE CLAIMANT PART 1 (FOR CLAIM PURPOSES)		2. TYPE OF CLAIM <input type="checkbox"/> 1. LOSS OF PROPERTY <input type="checkbox"/> 2. LOSS OF PERSON		3. DATE	
4. TO:					
5. RESPONSIBILITY <input type="checkbox"/> 1. OTHER <input type="checkbox"/> 2. SUPERVISOR/INSTRUCTOR <input type="checkbox"/> 3. OTHER					
6. DOCUMENTS ATTACHED TO THIS CLAIM (SEE INSTRUCTIONS) <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO					
7. REPORTING DATA <input type="checkbox"/> 1. REPORTING OFFICER <input type="checkbox"/> 2. REPORTING OFFICER'S SIGNATURE <input type="checkbox"/> 3. REPORTING OFFICER'S TITLE					
8. REMARKS (See preparation instructions on reverse for suggested instructions)					
9. DISTRIBUTION OF COPIES 9A. NAME OF PREPARED (Type or print) 9B. TITLE 9C. SIGNATURE					
10. ACTION BY REVIEWING OFFICIALS 10A. APPROVED TO HOLD <input type="checkbox"/> 1. APPROVED <input type="checkbox"/> 2. DENIED 10B. APPROVED TO HOLD <input type="checkbox"/> 1. APPROVED <input type="checkbox"/> 2. DENIED					
11. APPROVED TO HOLD 11A. NAME 11B. TITLE 11C. SIGNATURE					
12. ACTION BY CLAIMS OFFICE					

# Block 47 - Action by claims office

- ❖ for use by claims office, as required
- ❖ primarily for DoD use

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**TRANSPORTATION DISCREPANCY REPORT**

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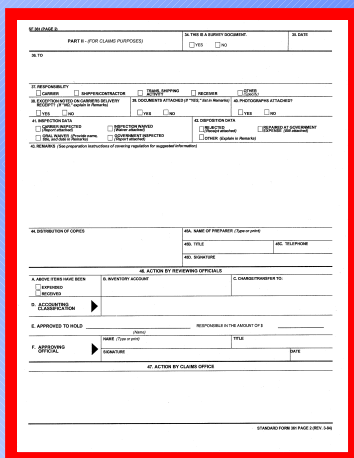
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**DAMAGE REPORT**

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If you have any problems or questions - give us a call or send an email. We are here to help you be a success!

# Claims Section

Susan F. Hubbard, Chief

[SHubbard@fincen.uscg.mil](mailto:SHubbard@fincen.uscg.mil)

757-523-6947

Christopher T. Gibbs

Traffic Management Specialist

[CGibbs@fincen.uscg.mil](mailto:CGibbs@fincen.uscg.mil)

757-523-6763